

5'71'75

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999000703

**PRODUCER OF WASTE** (Must be filled by producer)

Name ALUMINUM CO OF AMERICA ☐ ☐ ☐ ☐ ☐

(PRINT OR TYPE) CODE NO.

Pick up Address: 5101 ALLOA AVE VERNON

(NUMBER) (STREET) (CITY)

Telephone Number: 213-588-6441 P.O. or Contract No.: LA 768586

Order Placed By: J. HERON Date: 3-6-79

Type of Process  
which Produced Wastes: ALUMINUM FABRICATOR ☐ ☐ ☐ ☐ ☐

(Examples: metal plating, equipment cleaning, oil drilling -  
wastewater treatment, pickling bath, petroleum refining)

CODE NO.

DESCRIPTION OF WASTE (Must be filled by producer)		
Check type of wastes:		
1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste
4. <input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input checked="" type="checkbox"/> Mud and water
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine

<input type="checkbox"/> Other (Specify)	<b>Aluminum Oxides WATER</b>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>
CODE NO.				
Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)				
	Upper	Concentration:		
		Lower	%	ppm
1.			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
2.			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
3.			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
4.			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
5.			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
6.			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>

Hazardous Properties of Waste:

pH 7.1 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume 24/100 ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other (SPECIFY)

Containers: (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other TANK (SPECIFY)

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other (SPECIFY)

Special Handling Instructions (if any):  
NONE

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury  
that the foregoing is true and correct.

*N. F. Dulski*  
SIGNATURE OF AUTHORIZED AGENT AND TITLE

**HAULER OF WASTE (Must be filled by hauler)**

**ASBURY OIL CO.**  
13419 Halldale Ave., Gardena, California 90249  
Phone: (213) 321-1392

8999000703  

--	--	--

  
CODE NO.

Pick Up: 3-10-79 Time: \_\_\_\_\_  
(DATE) 15 ☐ am  
☐ pm

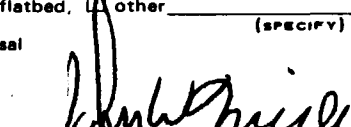
State Liquid Waste Hauler's Registration No. (if applicable): \_\_\_\_\_

Job No.: \_\_\_\_\_ No. of Loads or Trips: \_\_\_\_\_ Unit No. 9

Vehicle: ☒ vacuum truck 200 barrels, ☐ flatbed, ☐ other \_\_\_\_\_  
(SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

  
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer) **GREEN HILLS INDUSTRIES, INC.**

Name (print or type): **2425 So. Gortland Ave.**

Site Address: **Monterey Park, Calif. 91754**

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): \_\_\_\_\_ State fee (if any): \_\_\_\_\_

Handling Method(s):

☐ recovery

☐ treatment (specify): \_\_\_\_\_

(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)

☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well

☐ other (specify): \_\_\_\_\_

If waste is held for disposal elsewhere specify final location: \_\_\_\_\_  
 Disposal Date: 3-10-79

I certify (or declare) under penalty of perjury  
that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

**FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.**

D.O.T. Proper Shipping Name \_\_\_\_\_

**BILLING COPY**